



COMMONWEALTH of VIRGINIA

Department of Health
Richmond, Va. 23219

JAMES B. KENLEY, M.D.
COMMISSIONER

Preliminary Assessment of
Meloy Laboratories, Inc.
Virginia Site 194

prepared for

U. S. Environmental Protection Agency, Region III
Sixth and Walnut Streets
Philadelphia, Pennsylvania 19106

prepared by

Bureau of Solid Waste Management
Virginia State Health Department
Richmond, Virginia

July, 1984



ORIGINAL
(1)

COMMONWEALTH of VIRGINIA

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JAMES B. KENLEY, M.D.
COMMISSIONER

July 9, 1984

Darius C. Ostrauskas
Environmental Scientist
USEPA - Region III
Curtis Building
Sixth and Walnut Streets
Philadelphia, PA 19106

Dear Darius:

After a review of available federal and State files and conducting a facility visit on July 3, 1984, and in consideration of the information gained from a conversation with Mr. William J. Watson and Benjamin Dennison, Vice President and Safety Officer of Meloy Laboratories, Inc., recommendation is made to classify this site for "No Further Action" under CERCLA.

As stated by EPA, a preliminary assessment should characterize the hazardous substances present, potential pollutant dispersal pathways, population and resources affected, and facility management practices. Due to the lack of any direct or indirect connection to these factors, we have not developed a full preliminary assessment report.

Justification on the recommendations is as follows:

Both the NOTIS and ERRIS listing lack any information on this site as does both federal and State files. The site is a group of active buildings located in the Washington, D.C. urban area. The site was originally constructed and operated as Melpar Corporation from 1945 until 1970. The corporation provided biological and chemical research and development services to the federal government. From 1958 until 1970 research on toxic material (Department of Defense chemical and biological warfare agent research and development) was conducted. Both Mr. Dennison and Mr. Watson were employed by Melpar during this era. As stated by Mr. Watson, all hazardous waste generated during closeout of Melpar (during the formation of Meloy Laboratories, Inc.) was ultimately disposed of at the Department of Defense, Aberdeen Proving Grounds and Edgewood Arsenal facilities, both located in Maryland. Previous to the closeout of Melpar during the years 1945 to 1970, generated waste was disposed of in the Fairfax County Landfill. However, during the 1958 to 1970 era when toxic warfare materials research was conducted, the toxic waste generated was solely disposed of at Aberdeen and Edgewood Arsenal facilities. Upon takeover of Melpar by Meloy Laboratories, Inc. in 1970, chemical and biological warfare agent contract research and development was ended. From 1970 until present, generated waste has been handled by Triangle Resources, Inc.

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Darius C. Ostrauskas
July 9, 1984
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Meloy Laboratories, Inc. is presently owned by the Revlon Corporation with corporate offices in Tuckahoe, New York. Meloy's research and actual production are centered around government, industrial and university contracts in the following areas: growth regulation factors, hormones and monoclonal antibodies; identification, purification and characterization of lymphokines; gamma interferon; immunoassay development; cell culture media; cell lines; viruses; immunofluorescence reagents and kits; radial immunodiffusion tests; RDNA; and neonatal thyroid function tests.

Presently the site is classified as a RCRA storer and generator by the Virginia State Health Department. All hazardous waste generated is first sterilized on-site and then picked up and disposed by Triangle Resources, Inc., Laurel, Maryland. As stated by Mr. Dennison, this method of disposal has been practiced since the takeover of Melpar.

If you have any questions or comments regarding the information to you in this report, please comment.

Sincerely,

Berry F. Wright, Jr., P.E.
Acting Director
Bureau of Solid Waste Management

BFW/RCW/KLG/mcw

Attachments



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION

III

SITE NUMBER (to be assigned by Hq)

VA-194

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME Meloy Laboratories, Inc.		B. STREET (or other identifier) 6715 Electronic Drive	
C. CITY Springfield	D. STATE VA	E. ZIP CODE 22151	F. COUNTY NAME Fairfax
G. OWNER/OPERATOR (If known) 1. NAME Revlon Health Care Group		2. TELEPHONE NUMBER (703) 354-2600	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

I. SITE DESCRIPTION

Biotechnological research and development company.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) ERRIS listing.	K. DATE IDENTIFIED (mo., day, & yr.) June 1981
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L. PRINCIPAL STATE CONTACT 1. NAME Berry F. Wright, Va. State Health Dept., Solid Waste Mngt.	2. TELEPHONE NUMBER (804) 225-2822
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II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: b. WILL BE PERFORMED BY: <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME Robert C. Wichser, Kevin L. Greene	2. TELEPHONE NUMBER (804) 225-2835/2802	3. DATE (mo., day, & yr.) July 1984
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III. SITE INFORMATION

A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)		
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 2831		
C. AREA OF SITE (in acres) 1.7 acres	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 38° 47' 32" 2. LONGITUDE (deg.-min.-sec.) 77° 10' 45"	
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Research laboratories.		

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

X' XX	A. TRANSPORTER	X' XX	B. STORER	X' XX	C. TREATER	X' XX	D. DISPOSER
	1. RAIL		1. PILE		1. FILTRATION		1. LANDFILL
	2. SHIP		2. SURFACE IMPOUNDMENT		2. INCINERATION		2. LANDFARM
	3. BARGE		3. DRUMS		3. VOLUME REDUCTION		3. OPEN DUMP
XX	4. TRUCK		4. TANK, ABOVE GROUND		4. RECYCLING/RECOVERY		4. SURFACE IMPOUNDMENT
	5. PIPELINE		5. TANK, BELOW GROUND		5. CHEM./PHYS. TREATMENT		5. MIDNIGHT DUMPING
	6. OTHER (specify):	XX	6. OTHER (specify):		6. BIOLOGICAL TREATMENT		6. INCINERATION
					7. WASTE OIL REPROCESSING		7. UNDERGROUND INJECTION
					8. SOLVENT RECOVERY		8. OTHER (specify):
					9. OTHER (specify):		
					"N/A"		"N/A"

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

This site is a well-managed laboratory with state-of-the-art high-tech biotechnology safety equipment.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☒ 2. CORROSIVE ☒ 3. IGNITABLE ☒ 4. RADIOACTIVE ☒ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☒ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

As stated by Mr. Dennison and Mr. Watson - chemical and biological warfare agents.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
X' (1) PAINT, PIGMENTS	X' (1) OILY WASTES	X' (1) HALOGENATED SOLVENTS	X' (1) ACIDS	X' (1) FLYASH	X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
"N/A"	"N/A"	"N/A"	(6) CYANIDE	(6) OTHER (specify):	"N/A"
			(7) PHENOLS	"N/A"	"N/A"
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		
			"N/A"		

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Substances of greatest concern have been disposed off-site.

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

None.

VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD	XXX			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☒ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify): _____

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
RCRA	12/83	Virginia	RCRA inspection
Superfund	7/84	Virginia	Assess potential hazardous waste site.

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

(10)

Name of Site Meloy Laboratories Inc.

EPA Case Number VA-194

- 5

FIELD TRIP SUMMARY REPORT

C. Water supply for area. (CHECK ONE)

1. Surface intakes (locate on attached map)
2. Municipal wells (locate on attached map)
3. Domestic wells:

"N/A"

- a. Approximate number within $\frac{1}{4}$ mile. _____
- b. Locate a minimum of 3 wells on attached map and list below:

Property owner _____

Address _____

Phone No. _____

Well records YES _____ NO _____ YES _____ NO _____ YES _____ NO _____

Odor problems YES _____ NO _____ YES _____ NO _____ YES _____ NO _____

Taste problems YES _____ NO _____ YES _____ NO _____ YES _____ NO _____

- c. If odor or taste problems are reported please elaborate: "N/A"

- D. Are surface or subsurface, (leachate), drainage areas from site apparent?
YES _____ NO XX. If yes:

1. Were unusual odors or stains noted? YES _____ NO XX

2. Was stressed vegetation noted? YES _____ NO XX

- a. If yes please note area on map.

- E. Are streams or receiving waters adjacent to site? YES _____ NO XX
If yes, list observations: (i.e.-change in benthic community, change in plant density/diversity, change in color, siltation, etc.). _____

- F. Site topography: (i.e.-plateau, strip mine ravines, etc.). Flat.

- G. Other observations: (i.e.-erosion, located in flood plain, etc.). None.

FIELD TRIP SUMMARY REPORT

- V. Were photographs taken? YES XX NO
If yes: Who has custody of photos?

Name: Berry F. Wright, Jr.

Virginia State Health Department
Agency: Bureau of Solid Waste Management

Phone No.: (804) 225-2822

- VI. Is a hydrogeological survey for this site attached? YES NO XX
If no, Section III D of EPA Form T2070-2 must be completed.

- VII. Please attach pertinent copies of reports or data reviewed by inspector:
(i.e.-State monitoring data, consultant reports, etc.).

- VIII. Name of Inspector: Robert C. Wichser, Kevin L. Greene

Agency: Virginia State Health Dept., Div. of Solid and Hazardous Waste Mngt.

Phone No.: (804) 225-2835/2802

Time on Site: July 3, 1984; 12:30 p.m. - 2:30 p.m.

Weather Conditions: Sunny and hot.